

**APPLICATION TO COMBINE LAND  
CHARTER TOWNSHIP OF CLINTON**

PARENT PARCEL #'S: 50-011-

SIDWELL #'S: 16-11-

50-011-

16-11

50-011-

16-11

**APPLICATION & ALL APPLICABLE SUPPORTING DATA MUST BE SUBMITTED AS A PACKAGE TO THE DEPARTMENT OF ASSESSING BEFORE PROCESSING:**

\_\_\_\_\_ 1. Application to Combine Land completed, signed by **ALL** current owners of the property.

\_\_\_\_\_ 2. Application Fee-Checks payable to **CLINTON TOWNSHIP TREASURER:**

**FEE = \$** \_\_\_\_\_

\_\_\_\_\_ 3. ***A Certified Survey*** to include the following:

~location of all existing structures, side and rear yard set-back dimensions

~location of all existing easements

**\*\*ALL EASEMENTS MUST BE RECORDED DOCUMENTS\*\***

~legal description for each proposed new parcel

~parcel map for each proposed new parcel with dimensions and area

~public utility easements to each proposed combine

~road accessibility for each proposed new combine

~location of septic field - if applicable

\_\_\_\_\_ 4. A copy of the Deed showing ownership to the property prior to the combine.

\_\_\_\_\_ 5. Property Taxes must be current - No Delinquencies - (Assessing Department will contact Macomb County Treasurer).

**APPLICANT TO SUBMIT SURVEYS (VIA FAX) TO UTILITY COMPANIES,  
AND OBTAIN APPROVAL LETTERS TO SUBMIT WITH APPLICATION.**

**6. UTILITY APPROVALS:**

\_\_\_\_\_ Approval or permit from Macomb County Road Commission (or MDOT if a state highway) pertaining to any proposed driveway(s) or easement(s) that will enter the public road - must meet local standards.

**CONTACT: MACOMB COUNTY ROAD COMMISSION**

ATTENTION: Gary Bowman

156 Malow St.

P.O. Box 2347

Mt. Clemens, MI 48046

PHONE: 586-463-8671 or 586-463-4266

FAX: 586-463-8676

\_\_\_\_\_ Approval letter from Detroit Edison regarding availability of service to proposed parcels.

**CONTACT: DETROIT EDISON**

ATTENTION: Ann Smithmeir

43230 Elizabeth Rd.

Clinton Township, MI 48036

PHONE: 586-783-2057

FAX: 586-783-2001

\_\_\_\_\_ Approval letter from Consumers Energy regarding availability of service to proposed parcels.

**CONTACT: CONSUMERS ENERGY**

ATTENTION: Sid Long

FAX: 517-543-8827

- \_\_\_\_\_ 7. If water and/or sewer is not available to parcel, you must provide an approval letter or permit from Macomb County Health Department pertaining to water well and/or septic system in order to receive building permits.

CONTACT: **MACOMB COUNTY HEALTH DEPARTMENT**  
ATTENTION: Laura Pobanz, Supervisor  
Environmental Health Services  
43525 Elizabeth Rd.  
Mt. Clemens, MI 48043  
PHONE: 586-469-5236  
FAX: 586-469-5885

- \_\_\_\_\_ 8. Homestead Exemption Affidavit & Rescind (if applicable).
- \_\_\_\_\_ 9. Compliance with the parcel width and area requirements of the local ordinance.
- \_\_\_\_\_ 10. Deed and Property Transfer Affidavit indicating ownership to each "new" parcel if conveyed by the original owner(s).
- \_\_\_\_\_ 11. Form L-4260a Notice to Assessor of Transfer of the Right To Make A Division of Land.

**PRELIMINARY APPROVAL WILL NOT BE GRANTED UNTIL ALL OF THE ABOVE APPLICABLE REQUIREMENTS ARE MET.**

APPROVAL REQUESTS SENT TO UTILITY COMPANIES:

	<u>Date Sent</u>	<u>Date Received</u>
Detroit Edison	<u>                    </u>	<u>                    </u>
Consumers Energy	<u>                    </u>	<u>                    </u>
MCRC	<u>                    </u>	<u>                    </u>

## PROCESSING

This Application, along with all supporting documents, is to be submitted to the Department of Assessing. Once the Application is considered to be complete by the Assessing Department, a review period **not to exceed 45 days** as permitted in Act 87 of Public Acts of 1997, will commence. All approvals must be obtained by December 1st of the current year to be processed for the next available assessment cycle. If an Application is denied, the reason for denial shall be written on the Application.

Required fee for processing will be determined by the Township Assessing Department/Fee Ordinance.

Approval of a Combine is not a determination that the resulting parcel(s) comply with other ordinances or regulations.

## APPEAL

Upon written notice of denial, the applicant may appeal to the Township Board of Trustees.

**NOTE:**        *Applicant is advised that this property may be subject to debt service fees, payable upon application for tap permits. Applicant must check with the Water & Sewer Department for amounts of debt fee, if any.*

Applicant is aware that **FINAL APPROVAL** of this Application is based upon the accuracy of legal descriptions and survey sketches. Failure to correct any inaccuracies within 30 days of preliminary approval will cause this application to become void. The municipality approving a proposed combine resulting in a parcel less than one acre in size and its officers and employees are not liable if a building permit is not issued for the parcel due to water and sewer requirements. Approval of a combine is not a determination that the resulting parcels comply with other ordinances or regulations.

*Petitioner/Representative Signature:*

*Date:*

**COMBINE**

Owners of Record  
(All owners must authorize combine)

Authorization Signatures:

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Petitioner/Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

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**PROPOSED COMBINE DESCRIPTION**

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**RECEIPT BY TOWNSHIP**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

This Land Combine, upon final approval, will become effective for the 20 Assessment and Tax Roll.

## PARENT/CURRENT PARCEL INFORMATION

Property Class: \_\_\_\_\_ Homestead \_\_\_\_\_ % School District: \_\_\_\_\_  
Subdivision/Section or PC: \_\_\_\_\_ Lot No./Ac. Amt.: \_\_\_\_\_  
Neighborhood: \_\_\_\_\_ C.T.I.D. NO: 50-011-\_\_\_\_\_  
SIDWELL NO: 16-11-\_\_\_\_\_ Improved: \_\_\_\_\_ or Vacant: \_\_\_\_\_ Zoning: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Clinton Township, MI 48\_\_\_\_\_

Owner of Record: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

Street Lights: NO \_\_\_\_\_ YES \_\_\_\_\_ District No.: \_\_\_\_\_

Total Number of unallocated Division Rights for this parent parcel: \_\_\_\_\_

Are any Division Rights being transferred to new parcels? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, how many Division Rights are being transferred? \_\_\_\_\_

	<i>YES</i>	<i>NO</i>
<b>Available Utilities:</b>		
Water	_____	_____
Sanitary Sewer	_____	_____
Storm Sewer	_____	_____
Septic	_____	_____
Well	_____	_____

**NOTE:** **FOR PARCELS LESS THAN ONE ACRE IN SIZE~** If you answered 'No' to availability of Water or Sanitary Sewer, you must have approval from the Macomb County Health Department for on-site water and sewage systems. If not, PA 87 of 1997 prohibits the issuance of building permits.

**ONE PARENT PARCEL PER PAGE**

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Property Address: \_\_\_\_\_  
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Owner of Record: \_\_\_\_\_  
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Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

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Sanitary Sewer	_____	_____
Storm Sewer	_____	_____
Septic	_____	_____
Well	_____	_____

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**ONE PARENT PARCEL PER PAGE**

**CHILD PARCEL #:** \_\_\_\_\_

NEW SIDWELL NO.: 16-11-

NEW C.T.I.D. NO.: 50-011- LOT # / ACREAGE AMT.: \_\_\_\_\_

OWNER or BUSINESS NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

Clinton Township, MI 480

OWNER/TAXPAYER NAME: \_\_\_\_\_

OWNER/TAXPAYER ADDRESS: \_\_\_\_\_

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**~ STOP - DEPARTMENTAL USE ONLY ~**

SEND NOTICES TO: OWNER: \_\_\_\_\_

TAXPAYER: \_\_\_\_\_

BOTH: \_\_\_\_\_

PROPERTY CLASS: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_

NEIGHBORHOOD: \_\_\_\_\_ ZONING: \_\_\_\_\_

SALE INFORMATION: DEED: \_\_\_\_\_ AMT: \_\_\_\_\_ DATE: \_\_\_\_\_ TRANSFER: \_\_\_\_\_

PTA: \_\_\_\_\_ AMT: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET LIGHTS: NO: \_\_\_\_\_ YES: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

SPECIAL ASSMTS: NO: \_\_\_\_\_ YES: \_\_\_\_\_ TYPE & CODE: \_\_\_\_\_

HOMESTEAD: \_\_\_\_\_ % VACANT OR IMPROVED: \_\_\_\_\_

LAND SQ. FT. or LOT DIMENSIONS: \_\_\_\_\_

ADJUSTMENTS: \_\_\_\_\_

COPY DATA FROM PARCEL #: 50-011-

ALLOCATED TV: \_\_\_\_\_

ALLOCATED SEV: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

**CHILD PARCEL #:** \_\_\_\_\_

NEW SIDWELL NO.: 16-11-

NEW C.T.I.D. NO.: 50-011- LOT # / ACREAGE AMT.: \_\_\_\_\_

OWNER or BUSINESS NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

Clinton Township, MI 480

OWNER/TAXPAYER NAME: \_\_\_\_\_

OWNER/TAXPAYER ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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COPY DATA FROM PARCEL # 50-011-

ALLOCATED TV: \_\_\_\_\_

ALLOCATED SEV: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_



Assessing Department: \_\_\_\_\_ Approved: \_\_\_\_\_  
Delinquent Taxes Due: YES: \_\_\_\_\_ NO: \_\_\_\_\_ AMT: \_\_\_\_\_ Denied: \_\_\_\_\_  
Comments: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Treasurer's Department: \_\_\_\_\_ Approved: \_\_\_\_\_  
Special Assessment: YES: \_\_\_\_\_ NO: \_\_\_\_\_ Denied: \_\_\_\_\_  
District No.: \_\_\_\_\_ & AMT: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

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**~ APPROVAL STATUS ~**

APPROVED:  
PRELIMINARY APPROVAL: \_\_\_\_\_ Date \_\_\_\_\_ FINAL APPROVAL: \_\_\_\_\_ Date \_\_\_\_\_

CONTINGENCIES: \_\_\_\_\_  
\_\_\_\_\_

DENIED: \_\_\_\_\_ REASON: \_\_\_\_\_  
\_\_\_\_\_

COPY SENT TO APPLICANT FOR:  
PRELIMINARY APPROVAL: \_\_\_\_\_ Date \_\_\_\_\_ FINAL APPROVAL: \_\_\_\_\_ Date \_\_\_\_\_

INFO SENT TO BUILDING DEPARTMENT: \_\_\_\_\_ Date \_\_\_\_\_  
INFO SENT TO WATER DEPARTMENT: \_\_\_\_\_ Date \_\_\_\_\_

INFO SENT TO FIRE DEPARTMENT: \_\_\_\_\_ Date \_\_\_\_\_